

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL

107540764

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
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7		/		/		
8		/		/		
9		/		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
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20		/		/		
21		/		/		
22		0		/		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	25	↓	25	↓		↓
TOTAL CLAIMS	26	↓	26	↓		↓

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		↓		↓		↓